

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

FILED

AUG - 5 2014

TERESA L. DEPTON, CLERK
U.S. District Court
Southern District of West Virginia

JAMES ALBERT TORAN JR

08361-088

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 5:14-24371
(Number to be assigned by Court)

JOSEPH COCKLEY, Warden

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ☒ _____

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: N/A

Defendants: N/A

2. Court (if federal court, name the district; if state court, name the county);

N/A

3. Docket Number: N/A

4. Name of judge to whom case was assigned:

N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: F.C.I. Beckley in Beaver, WV

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes No ✓

C. If you answer is YES:

1. What steps did you take? N/A

2. What was the result? N/A

D. If your answer is NO, explain why not: Did not have enough time
to exhaust administrative remedy without going over
the statute of limitations (4 yrs) for this matter

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: James Albert Tarawa Jr # 08361-088

Address: Beckley Federal Correctional Institution, P.O. Box 350, Beaver, WV 25813

B. Additional Plaintiff(s) and Address(es):

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Joseph Coakley, Warden

is employed as: Warden

at FCT Beckley in Beaver, WV

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On 8-14-12, Plaintiff was returning from an outside medical trip in a transport vehicle that was "clipped" by another vehicle on the driver side while enroute back to the FCT on Route 19, near Cherry Creek Dip. On 8-15-12, Plaintiff went for a follow up, where he complained of neck stiffness, lower back pain, and left wrist pain. Plaintiff has had continued lower back pain since this accident occurred and has had medical problems revolving around this incident in similar areas, which he has brought

IV. Statement of Claim (continued):

to the attention of the medical staff on numerous occasions since this incident. (Medical Reports from this incident are attached.) Plaintiff was a passenger in this matter.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Plaintiff seeks the amount of \$250,000.00 dollars (us), or an amount deemed to be justifiable by the court, for compensatory damages, due to the plaintiff's pain and suffering from this incident.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

NONE

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____

No ☒

If so, state the name(s) and address(es) of each lawyer contacted:

N/A

If not, state your reasons: Staff continuously told me that I could not get any relief in this matter. Recently, I chose to file prose

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____

No ☒

If so, state the lawyer's name and address:

N/A

Signed this 4th day of August, 2014.

X James A. Toran Jr.
Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8-04-2014
(Date)

X James A. Toran Jr.
Signature of Movant/Plaintiff

Signature of Attorney
(if any)

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: TORAN, JAMES ALBERT JR

Date of Birth: 06/29/1962

Encounter Date: 08/15/2012 10:19

Sex: M Race: BLACK

Provider: Bailey, Robert RN

Reg #: 08361-088

Facility: BEC

Unit: P01

Follow-up encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Bailey, Robert RN**Chief Complaint:** Pain**Subjective:** Inmate was involved in a car accident while on a med trip yesterday. Is here today for a follow up. He is complaining of neck stiffness and pain along with left wrist pain along where the handcuffs were applied and lower back pain.**Pain Location:****Pain Scale:****Pain Qualities:****History of Trauma:****Onset:****Duration:****Exacerbating Factors:****Relieving Factors:****Comments:****OBJECTIVE:****Exam:****General****Appearance**

Yes: Appears Well, NAD, WD/WN

Musculoskeletal**Wrist/Hand/Fingers**

Yes: Normal Active ROM L, Normal Passive Range of Motion L, Tenderness L

No: Joint Deformity L, Swelling L, Ecchymosis L

Spine-Cervical

Yes: Normal Bony Landmarks, Symmetric, Tenderness, Decreased Range of Active Motion, Decreased Range of Passive Motion

No: Joint Deformity, Ecchymosis, Erythema

Inmate is able to move his head in all directions with some associated pain at the base of the head which is tender to palpation. Denies numbness or tingling.

Inmate has a history of chronic low back pain. The pain he is having now is chronic. He denies any acute changes in his low back pain.

Left wrist is without deformity, swelling or bruising. Able to grip with good strength. Neurovascular intact. Able to pronate and supinate without difficulty.

ASSESSMENT:

Pain - Other

neck pain

Inmate Name: TORAN, JAMES ALBERT JR	Sex: M	Race: BLACK	Reg #: 08361-088
Date of Birth: 06/29/1962	Provider: Bailey, Robert RN	Facility: BEC	Unit: P01
Encounter Date: 08/15/2012 10:19			

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Other:

Inmate takes chronic Ibuprofen for low back pain. Continue this medication. Moist head to neck area 4-5 times per day. Notify medical if N/V, increased pain, SOB, mental status changes or other problems. Verbalizes understanding.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/15/2012	Counseling	Plan of Care	Bailey, Robert	Verbalizes Understanding

Copay Required:No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Bailey, Robert RN on 08/15/2012 10:26
Requested to be cosigned by McLain, Dominic DO, CD.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	TORAN, JAMES ALBERT JR	Reg #:	08361-088
Date of Birth:	06/29/1962	Sex:	M
Encounter Date:	08/15/2012 10:19	Provider:	Bailey, Robert RN
		Race:	BLACK
		Facility:	BEC

Cosigned by McLain, Dominic DO, CD on 08/15/2012 11:01.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: TORAN, JAMES ALBERT JR	Sex: M	Race: BLACK	Reg #: 08361-088
Date of Birth: 06/29/1962	Provider: Shrewsbury, Hank PA-C	Facility: BEC	Unit: P01
Encounter Date: 08/14/2012 15:23			

Injury Assessment-Work Related encounter performed at Health Services.

SUBJECTIVE:

INJURY 1 **Provider:** Shrewsbury, Hank PA-C

Date of Injury: 08/14/2012 14:00 **Date Reported for Treatment:** 08/14/2012 15:23

Work Related: Yes **Work Assignment:** UNICOR 5

Pain Location:

Pain Scale: 0

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

While returning from an outside med trip this IM in van that was "clipped" by another vehicle on the driver's side while enroute back to FCI on Route 19 near Cherry Creek Dip.

Cause of Injury (Inmate's Statement of how injury occurred):

I have no injuries that I know of today.

Symptoms (as reported by inmate):

No injuries reported.

OBJECTIVE:

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, NAD, WD/WN

Pulmonary

Auscultation

Yes: Clear to Auscultation Bilaterally

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G, S3, S4

ASSESSMENT:

<u>Description</u>	<u>ICD9</u>	<u>Status</u>	<u>Status Date</u>	<u>Progress</u>	<u>Type</u>
Examination for medicolegal reasons	V70.4	Current	08/14/2012	Initial	Temporary/Acute

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
Generated 08/14/2012 15:29 by Shrewsbury, Hank PA-C Bureau of Prisons - BEC				
Page 1 of 2				

Inmate Name: TORAN, JAMES ALBERT JR	Sex: M	Race: BLACK	Reg #: 08361-088
Date of Birth: 06/29/1962	Provider: Shrewsbury, Hank PA-C	Facility: BEC	Unit: P01
Encounter Date: 08/14/2012 15:23			

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/14/2012	Counseling	Diagnosis	Shrewsbury, Hank	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Shrewsbury, Hank PA-C on 08/14/2012 15:29
Requested to be cosigned by McLain, Dominic DO, CD.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	TORAN, JAMES ALBERT JR	Reg #:	08361-088
Date of Birth:	06/29/1962	Sex:	M
Encounter Date:	08/14/2012 15:23	Provider:	Shrewsbury, Hank PA-C
		Race:	BLACK
		Facility:	BEC

Cosigned by McLain, Dominic DO, CD on 08/15/2012 08:36.

**INSTRUCTIONS FOR FILING A COMPLAINT BY A
PRISONER UNDER CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

NOTICE: The law has changed! The Prisoners Litigation Reform Act requires prisoners to exhaust available administrative remedies before filing a suit with respect to the conditions of confinement or the effects of action by government officials on the lives of persons confined in prison. In addition, the Act requires a prisoner to pay a **\$350.00 filing fee**, although the fee may be paid in installments.

These forms are not to be used for filing a Petition for Writ or Habeas Corpus, or to challenge the validity of a state conviction for a criminal offense.

Enclosed are four copies of a Complaint form with one Application to Proceed In Forma Pauperis and Affidavit, an Explanation of Filing Fees and Proceeding In Forma Pauperis, an Authorization to Release Institutional Account Information and To Pay Filing Fee, and three U. S. Marshal Process and Receipt Forms.

1. Your Complaint can be brought in this Court only if one or more of the named defendants are located within the Southern District of West Virginia (counties south of and including Wood, Wirt, Roane, Clay, Nicholas and Greenbrier), or if your claim arose in this District. Further, you must file a separate complaint for each claim that you have unless they are all related to the same incident or issue.
2. You must file an original complaint plus one copy of the complaint for each defendant you name. Use 8-1/2 X 11 inch paper. For example, if you name two defendants, you must file the original and two copies of the complaint. You should also keep an additional copy of the complaint for your own records. All copies of the complaint must be identical to the original. The original complaint must bear an original signature from each plaintiff. Your complaint must be legibly written or typewritten and you are required to give facts. **THE COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.** The plaintiff or plaintiffs must include his/her inmate registration number. If you need additional space to answer a question, you may use the reverse side of the form or an additional blank page.
3. If you have **\$350.00**, send a check or money order for **\$350.00** per complaint payable to "Clerk, U. S. District Court". If you are unable to pay the **\$350.00** filing fee, complete and sign an Application to Proceed in Forma Pauperis and Affidavit for each plaintiff (see Explanation of Filing Fees and Proceeding In Forma Pauperis).
4. Complete and sign one U. S. Marshal Process and Receipt Form for each defendant named in the complaint.
5. When all these forms are completed, mail them to:
Clerk, United States District Court
110 North Heber Street, Room 119
Beckley, WV 25801
6. Documents certified as true under penalty of perjury do not need to be notarized.
See 28 U.S.C. § 1746.

08361-088
James Toran Jr.
Federal Correction Institution
P.O. Box 350
Beaver, WV 25813
United States



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25801

U.S. POSTAGE
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Beckley, WV 25801
United States

